

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	CM	11632	12/21/00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/21/00
2	✓	✓	12/21/00
3	✓	✓	12/21/00
4	✓	✓	12/21/00
5	✓	✓	12/21/00
6	✓	✓	12/21/00
7	✓	✓	12/21/00
8	✓	✓	12/21/00
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11	✓	✓	12/21/00
12	✓	✓	12/21/00
13	-	-	12/21/00
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29	✓	✓	12/21/00
30	✓	✓	12/21/00
31	✓	✓	12/21/00
32	✓	✓	12/21/00
33	✓	✓	12/21/00
34	✓	✓	12/21/00
35	✓	✓	12/21/00
36	✓	✓	12/21/00
37	✓	✓	12/21/00
38	✓	✓	12/21/00
39	✓	✓	12/21/00
40	✓	✓	12/21/00
41	✓	✓	12/21/00
42	✓	✓	12/21/00
43	✓	✓	12/21/00
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy